

## NURSING HOME DIVERSION TARGETING WORKSHEET

**Please use the space below to give additional information about this consumer that would be helpful in preliminary planning or related to targeting for the Nursing Home Diversion Program.**

Consumer Name\_\_\_\_\_

Consumer Birth date\_\_\_\_\_

Consumer married?      Yes      No

Consumer Phone\_\_\_\_\_

Consumer Address\_\_\_\_\_

Proxy Caller\_Name \_\_\_\_\_

Relationship to consumer? \_\_\_\_\_

Proxy Address \_\_\_\_\_

Proxy Phone \_\_\_\_\_

Who is caller?    Consumer      Other\_\_\_\_\_

Consumer's financial resources are more or less than \$25,000

More      Less      Approximated Amount of Assets\_\_\_\_\_

What is the approximate monthly income?\_\_\_\_\_    Don't Know

**NEEDS:**

Completed by\_\_\_\_\_Date\_\_\_\_\_

1-b

1C

3A

3B

3C

4

6

8

11

14

After listening to the consumer or proxy, please check off whether the consumer needs assistance or if the consumer is totally dependent with the following ADLs and IADLs.

Also indicate if the consumer is seeking help for those needs as mentioned in the phone conversation. Check off shaded, high risk area based on information from conversation.

ADL/IADL	Needs some assistance	Totally Dependent	Needs <u>additional outside help</u>
Eating/Feeding			
Toileting			
<b>Transferring</b>			
<b>Bed Mobility</b>			
<b>Dressing</b>			
<b>Bathing</b>			
Walking			
Bladder Function			
Bowel Function			
<b>Wheeling/mobility</b>			
Managing Medications			
Preparing Meals			
Housework			
Managing Finances			
Doing Laundry			
Using Phone			
Shopping			
Transportation			
<b>Making Decisions</b>			
<b>Memory Issues?</b>			YES
<b>Diagnosis of dementia</b>			YES

**If any of the shaded items are checked, ask these questions**

Person is <b>left alone</b> in the mornings or afternoons	
Person had a recent flare up of a recurrent or <b>chronic health problem</b>	
Recently person has <b>moved in</b> with others or others have moved in with the person	

**If mentioned in conversation with consumer or proxy, please check**

Has recently received either dietary or moving/turning treatment to prevent/treat wounds or sores- <b>Bedsore or wound care</b>	
Has recently received or been scheduled to receive <b>IV medication</b>	

**If the making decisions or dementia item is checked, ask these questions**

Never or rarely makes any <b>decisions about organizing the day</b> such as when to have meals or what clothes to wear	
Recently person became <b>agitated and disoriented</b> , and was safety endangered by disorientation	
Sharing of information in <b>rarely or never understood</b> or he/she limited to making concrete requests	
Recently <b>threatened, screamed or cursed</b> at others	

Immediate Need?      Crisis      NH Discharge      Hospital Discharge

Loss of Caregiver      APS      Other \_\_\_\_\_

If it seems that the consumer or proxy is indicating a change in residential placement-then ask  
**Given the current situation, are you considering nursing facility placement?**    Yes    No

Please indicate caregivers serving this consumer. \_\_\_\_\_.

Caregiver Name	Relationship	At Risk of Burn Out		Availability	Distance
	Sp Ch OR N-R	Moderate	High		
	Sp Ch OR N-R				
	Sp Ch OR N-R				
	Sp Ch OR N-R				

Sp=Spouse CH=Child OR=Other relative R=Non Relative

Completed by \_\_\_\_\_ Date \_\_\_\_\_ 1-b 1C 3A 3B 3C 4 6 8 11 14